Attorney Docket No. 0446-0172PUS1

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that; my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:			oring features						
Fill in Appropriate	the specification of v forth above and/or t		hereto. If not attached I	nereto, the applicati	ion is identified by t	he attorney	docket	number as se	t
Information -	The specification							as	
For Use Without		pplication Numb							
Specification	and amended o	n				(if at	plicable	) and/or	
Attached:	the specification	n was filed on 2	6 March 2003 er PCT/ZA03/0004					_ as PCT	
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	I do not know a thereof, or patented	or described in a	e the same was ever kn any printed publication e same was not in put intion has not been par antry foreign to the U twelve months (six mo i invention has been fil ntatives or assigns, ex- enefits under Title 35, and have also identified	in any country b	erore my or our my	enuon uie	eor or ii	bee than one	=
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	Prior Foreign App		don on which phonty i	s ciarries.		P	riority (	Claimed	
Insert Priority Information:	02/2513	South A	frica	28 Marc	h 2002		$\square$		
(if appropriate)	(Number)	(Country)		(Month/Da	y/Year Filed)	•	Yes	No	
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	(Number)	(Country)	, , , , , , , , , , , , , , , , , , ,	(Month/Da	y/Year Filed)		□ Yes	□ No	
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	(Number)	(Country)	·	(Month/Da	y/Year Filed)		Yes	No	
	I hereby claim the benefit under Title 35, United States Code, \$119(e) of any United States provisional applications(s) listed below.								
Insert Provisional Application(s): (if any)	(Application Number	21)		(Filing C	Pate)	· · · · · · · · · · · · · · · · · · ·			,
	(Application Number	er)		(Filing E	Date)		•	<u> </u>	rior to
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prio the Filing Date of This Application:								
	Country		Application Number	r	Date of Filing (Me	onth/Day/	Year)		
Insert Requested Information: (if appropriate)								<del></del>	
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								r t s f
Insert Prior U.S.	PCT/ZA03/00041		26 March 200	03					
Application(s): (if any)	(Application Number	er)	(Filing Date)		(Status - patented	, pending,	abandon	ed)	
Page 1 of 2 (Res. 05/2004)	(Application Number	er)	(Filing Date)		(Status - patented	, pending,	abandon	ed)	

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written house to the contrary:

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CUSTOMER NO. 02292 (1 Telephone: (703) 205-8000	•	Facsimile: (703) 205-8050	COM.

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING: I hereby declare that all statements made herein of my own knowledge are true and that all statement made on information and belief are believed to be true; and further that these statements were made with the knowledge that talkful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Mayne of First or Spie Inventor; least Name of	GIVEN NAME/FAMILY NAME	INVENTORSSIGNATURE		DATE* 0	7		
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ill Name of Third Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	<del> </del>	DATE	1		
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Page 2 of 2 (Rev. 05/2004)

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GIVEN NAME/FAMILY NAME

Fall Name of First or Sole Investor:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
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	12955 Courthouse Blvd, Rosemount,	Minnesota 55068, United	States	SIGN			
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